

North Dakota Department of Public Instruction

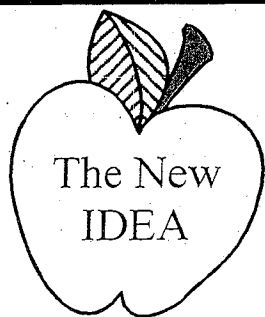
The Individuals with Disabilities Education Act

Deaf and Hard of Hearing Students in North Dakota Schools

Informational Papers in Education

No. 1 in a series Updated February 2010

Providing guidance to local school districts on important topics
State Superintendent Dr. Wayne G. Sanstead



ACKNOWLEDGEMENTS

During the 1998-99 and 1999-00 school years, the ND Department of Public Instruction (DPI) and the North Dakota School for the Deaf (NDSD) brought together a group of Deaf Education professionals from ND to provide insight and guidance for DPI and NDSD in resolving statewide issues in the area of Deaf Education. The goals of the meetings were: (1) to obtain input in defining issues relating to the education of deaf and hard of hearing children and their families; and (2) to discuss methods to improve, resolve, and/or gain additional information relating to these issues. In an effort to provide guidance for several of the topics discussed at the meetings, the Informational Paper, *Deaf and Hard of Hearing Students in North Dakota Schools*, was developed. The purpose of this revised document is to provide guidance to families, professionals, and others who are providing quality services for children with a hearing loss in ND schools. Regulation updates included in the Informational Paper reflect the changes in the Individuals with Disabilities Education Improvement Act 2004 (IDEA 2004).

DPI and NDSD gratefully acknowledge the involvement of the Deaf Education professionals who assisted in the development of this document and to all professionals involved in the provision of high quality services for all deaf and hard of hearing students and their families.

"All education is special. All children are special. Are some more special than others? No, but because of exceptional abilities or special challenges, some require adjustments, additions, or changes to their programs. Those from low incidence disability populations and/or whose disabilities are more challenging may need extraordinary levels of specialized support." (NASDSE, 1994)

IDENTIFICATION AND REFERRAL

The earlier a child with a hearing loss is identified, the easier it will be to positively influence their future. Early identification is important because of the critical learning that takes place between birth and four years of age. Untreated hearing loss can lead to delayed speech and language development, social and emotional problems, and academic failure.

1. Does ND have universal newborn hearing screening (UNHS)?

ND does not have mandated newborn hearing screening. However, the ND birthing hospitals are voluntarily screening infants prior to hospital discharge and entering data onto the web-based data system with the ND Early Hearing Detection and Intervention Program (EHDI). ND HEAR NOW is North Dakota's EHDI program working to encourage continued newborn hearing screenings and follow up for early intervention services. The ND Center for Persons

with Disabilities and the ND Dept. of Health, Special Health Services work cooperatively as the EHDI.

2. When should a child be referred for a hearing test?

The child should be referred for a hearing test as soon as a hearing loss is suspected. Some possible indicators for hearing loss include the following:

- Prenatal high risk factors (e.g., RH factor, in-utero infection)
- Post birth risk factors (e.g., anoxia at birth, prematurity)
- Family history of hearing loss
- Childhood diseases (e.g., meningitis, scarlet fever, mumps)
- Chronic ear infections
- Failure to respond to voice or loud environmental sounds
- Failure to turn toward source of sound
- Failure to imitate or match speech sounds
- Inability to follow simple commands without visual clues
- Failure to use everyday words
- Failure to speak clearly and understandably
- Frustration with communication
- Appearance of being socially isolated
- Difficulty mastering classroom information
- Delays in language, reading, writing, and/or speech
- Lack of expected progress
- Particular problems in how the child learns
- Watching other children/students/family members for directions indicating not able to follow verbal directions

If the team does not have access to this expertise, assistance to evaluation teams is available through: the North Dakota School for the Deaf Outreach Department or by contacting appropriately qualified personnel from surrounding school districts (see Resources).

8. What expertise does a teacher of children who are deaf or hard of hearing bring to the evaluation team?

The teacher of children who are deaf or hard of hearing brings a variety of skills to the team including:

- specific knowledge of how the hearing loss impacts language, auditory, and speech development and their influences on social and academic areas;
- knowledge and experience in administering and interpreting tests for children who are deaf or hard of hearing, such as: appropriate audiological information, formulation of appropriate assessment questions, and tools to answer those questions;
- familiarity with communication modalities to be used during the evaluation process such as: American Sign Language (ASL), Manually Coded English (MCE), fingerspelling, speechreading, auditory input, and Cued Speech; and
- guidance in appropriate environmental and procedural accommodations necessary for valid testing such as: visual and auditory accessibility, assistive listening devices, and modification of assessment items.

Section 300.304 Evaluation

Procedures (c)(1) Assessments and other evaluation materials used to assess a child under this part – (iii) Are used for the purposes for which the assessments or measures are valid and reliable; (iv) Are administered by trained and knowledgeable personnel; and (v) Are administered in accordance with any instructions provided by the producers of the assessments.

9. What unique factors must be considered by the team when working with a child who has a hearing loss?

The list on page three of this document provides a variety of unique factors that must be considered by the child's multidisciplinary team during the evaluation process and the individualized education program (IEP) planning process. These factors, separately or in combination, can affect the language proficiency that the child has or may acquire, including the ability to speak, to read and write, to use sign language or cues, to use residual hearing, to speechread, to analyze and communicate experiences, to maximize learning potential, and to be an active participant in the environment (NASDSE, 1994).

**UNIQUE FACTORS TO BE
CONSIDERED BY THE
MULTIDISCIPLINARY TEAM
OF A DEAF OR HARD OF
HEARING CHILD**

The following is a list of unique factors that must be considered when conducting an evaluation or developing an IEP for a child who has a hearing loss.

- **Family**
Family support
Hearing status of parents
- **Hearing Loss**
Severity of hearing loss
Type of hearing loss
Configuration of hearing loss
Amount of residual hearing
Etiology
Age of onset
Age of identification
- **Amplification**
Age that the child received amplification
Type of amplification (e.g., FM system, hearing aids, sound field system, tactile aid, bone conduction hearing aid, cochlear implant)
Ability to use residual hearing (auditory training)
- **Communication**
Communication skills
Communication access in the home, classroom, and overall school environment
Communication needs
Preferred mode of communication of the child and the family
Opportunity for instruction through direct communication
Speech needs and abilities
- **Language**
First or native language of the student
Linguistic background
Linguistic needs and abilities
- **Preference of the child and parents in program options, placement, and IEP development**
- **Academics**
Intellectual potential
Academic levels
Style of learning
- **Presence of additional disabilities**
- **Potential harmful effect**
- **Emotional needs**
Students awareness of self and his acceptance by others
Individual motivation
- **Social needs**
Availability of peers and adults who are deaf or hard of hearing
- **Cultural needs**
Opportunity for bilingual and bicultural development
- **Availability of and access to extracurricular activities**
- **Qualification and communication competencies of all personnel serving the student**
- **Interpreter quality and availability**
- **Access to support services**
- **Availability of technology**
(e.g., captioned films/videotape, Telecommunication Devices for the Deaf (TTY/TDD), visual signaling and alerting systems (e.g., bells, smoke/fire alarms), Real-time captioning, appropriate computer software, LCD information displays, electronic mail and bulletin boards, televisions with built-in captioning capabilities or attached decoder).

Section 300.8 Children with a disability. – (3) *Deafness* means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance. (5) *Hearing impairment* means impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness.

14. What "special factors" should the IEP team consider when creating an IEP for a child with a hearing loss?

IDEA 2004 includes a list of "special factors" that must be considered by every child's IEP team. Two of these "special factors" focus specifically on children who are deaf or hard of hearing.

Section 300.324 (2) Consideration of special factors. The IEP team also shall – (iv) Consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode; and (v) Consider whether the child requires assistive technology devices and services.

15. Who should provide the services for a child who is deaf or hard of hearing?

The unique factors found on page three of this document must be considered in the development of the IEP for a child who has a hearing loss. By considering these unique factors and following the IEP process, the team will develop the present levels of academic achievement and functional performance, annual goals, and short-term objectives along with the characteristics of services (COS) which are unique to each child.

The COS state where and how the services will be delivered and by whom. The process for deciding who will provide the services is determined for each objective. For a child with a hearing loss, as with any child with a disability, the team must decide after developing an objective who has the necessary skills to deliver the services stated in the objective. Teachers of children who are deaf and hard of hearing have training in areas unique to the education of children with hearing losses, such as: language, speech, academic, and social effects of hearing loss. If the objective is in an area that requires the expertise of a teacher of children who are deaf and hard of hearing, then the IEP team would document in the COS that this teacher must provide the service.

16. What related services will benefit a child with a hearing loss?

Many children require related services to achieve their IEP goals and objectives. The list of related services is not exhaustive and may include developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education. The types of related services needed by a child with a hearing loss will vary with each child; however, most children with a hearing loss will benefit from the related service of audiology.

Section 300.34 Related Services
(c)(1) Audiology includes – (i) Identification of children with a hearing loss; (ii) Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing; (iii) Provision of habilitative activities, such as language habilitation, auditory training, speech reading (lipreading), hearing evaluation, and speech conservation; (iv) Creation and administration of programs for prevention of hearing loss; (v) Determination of children's needs for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification.

In addition to related services provided to the child, the parents may also benefit by training that supports them in acquiring necessary skills to assist their child. Related services may include training on the usage of amplification devices or sign language training for peers and family member that allow them to support the implementation of the child's IEP or Individual Family Service Plan (IFSP).

17. What is a cochlear implant?

A cochlear implant is a surgically implanted electronic device that turns sound into electrical signals. The device changes sound from vibrations or sound waves into electrical pulses, so that sound can be sent directly to the inner ear to stimulate the auditory nerve.

300.34 Related Services (b)

Exceptions; services that apply to children with surgically implanted devices, including cochlear implants.

(1) Related services do not include a medical device that is surgically implanted, the optimization of that device's functioning (e.g. mapping) maintenance of that device, or the replacement of that device. (2) Nothing in (b)(1) of this section – (i) Limits the right of a child with a surgically implanted device (e.g. cochlear implant) to receive related services (as listed in paragraph (a) of this section) that are determined by the IEP team to be necessary for the child to receive FAPE. (iii) Prevents the routine checking of an external component of a surgically implanted device to make sure it is functioning properly as required in 300.113(b).

18. What adaptations of educational services might be needed for a child with a hearing loss?

To enable children who are deaf or hard of hearing to have full access to communication and information within the school setting, appropriate classroom adaptations and use of technology must be considered during the evaluation and IEP processes. There are a variety of accommodations, adaptations, modifications, supports, and other adjustments that will enable a child

- Communication access available to the student in the home, classroom and overall school environment. To benefit from educational programming, children need to be able to communicate with their teachers, counselors, support personnel, principals, peers, and other members of the school
- Environment that will enhance a student's social and emotional development
- Qualification and communication competencies of all personnel serving the student
- Availability of interpreters, if needed, and the need to monitor the quality of the services they provide
- Opportunity for direct instruction and direct communication with school personnel and peers
- Availability of age appropriate peers who are deaf or hard of hearing
- Cultural needs of children who are deaf or hard of hearing
- Availability of and access to extracurricular offerings
- Availability of technology for children who are deaf or hard of hearing.
- Availability of and access to extracurricular offerings
- Availability of technology for children who are deaf or hard of hearing.

22. When determining the least restrictive environment for a child with a hearing loss, what potential harmful effects should be considered?

The isolating nature of deafness presents major challenges to our educational system, both in terms of transmitting knowledge, a major purpose of education, and in developing the self-esteem and identity of children who are deaf (U.S. Department of Education, 1992).

As part of the decision making regarding LRE, the IEP team must discuss and document potential harmful effects of a placement on the child or the quality of services the child needs. The IEP team for a child with a hearing loss must consider the

potential harmful effect a placement may have in key areas such as availability to communicate with teacher and peers, social interaction with peers, and a placement away from family members. Failure to consider these potential harmful effects may lead to inappropriate placements, isolation, and wasted potential especially during optimal periods of language learning. Some possible questions that the IEP team could consider when determining harmful effect for a student with a hearing loss are: (1) Will the student with a hearing loss be stigmatized or feel excluded from the general education setting or the deaf community as a result of this placement; or (2) Will this placement be detrimental to family and community relationships?

23. What types of programs are offered through the ND School for the Deaf?

As a state agency and as a center of expertise on deafness, the ND School for the Deaf (NDSD) has a responsibility to serve all citizens of the state of ND. NDSD serves in its traditional role of service provider to deaf and hard of hearing students plus as a resource center on deafness. NDSD offers printed and professional resources in a variety of areas related to deafness. The last page of this document contains an overview of several of the resources available through the NDSD.

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Resources

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